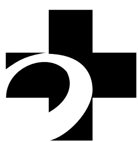
GUIDE

Plan of Care for Birth after a Previous Cesarean



The Ottawa Hospital | L'Hôpital d'Ottawa

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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The obstetrical care providers at The Ottawa Hospital believe that a woman with a previous Cesarean birth should be offered the opportunity to choose to have an elective repeat Cesarean birth or have a trial of labour (TOL) and vaginal birth after Cesarean (VBAC) if there are no contraindications. Studies show that VBAC is a safe option when certain conditions are met. A woman who chooses to plan a VBAC and who is properly counselled and informed of the potential risks will be cared for in a safe and supportive labour and birth environment. We are committed to ensuring that you stay healthy and your baby is born safely.

- As a woman who has had a previous Cesarean birth, I have the following options for my current pregnancy:
  - Planning a vaginal birth after Cesarean (VBAC), OR
  - Planning a scheduled repeat Cesarean birth

- I understand that there are risks in any medical procedures or treatments. This birth plan is to help me make an informed decision based on my preferences and the best evidence available to date. After I have read this birth plan, I will discuss it with my physician or midwife and choose to plan either a VBAC or a repeat Cesarean birth for the birth of my baby. I understand that I may change my mind at any time during my pregnancy or during labour.

- If I choose to have an **elective repeat Cesarean birth**, the risks associated with this procedure include:
  - Common risks (those that have a 1 in 10 to 1 in 100 chance of happening)
    - More pain for up to 6 weeks after surgery
    - Infection after the surgery
    - More blood loss from surgery
    - Longer hospital stay and recovery after surgery
  - Uncommon risks (those that have a 1 in 100 to 1 in 1,000 chance of happening)
    - Blood transfusion
    - More breathing difficulties for the baby immediately after birth
    - More problems with the placenta in future pregnancies (eg. placenta accreta, placenta previa)
  - Rare risks (those that have a 1 in 1,000 to 1 in 10,000 chance of happening)
    - Injury to the bowel, bladder or ureter (tube that carries urine from kidneys to bladder) during the surgery
    - Severe injury/damage to the uterus that requires a hysterectomy
    - Blood clots in the legs or the lungs
    - Complications with the anesthetic
    - Higher risk of death for the mother (very rare)

- If I choose to plan a **trial of labour (TOL) and VBAC**, my chance of a successful vaginal birth is about 75% (50-85%). This depends on several factors, including the reason why I had my previous Cesarean birth. The very best chance of successful vaginal birth is if I have had a prior vaginal birth, a natural onset of labour (spontaneous labour) and I am less than 41 weeks pregnant.

- The risks associated with a trial of labour and planned VBAC include:
  - Common risks (those that have a 1 in 10 to 1 in 100 chance of happening)
    - Unsuccessful trial of labour (due to lack of labour progress or other concerns with me or my baby) which requires a Cesarean birth
    - Infection after birth
  - Uncommon risks (those that have a 1 in 100 to 1 in 1,000 chance of happening)
    - Blood transfusion
    - Uterine rupture that requires an emergency Cesarean birth. This risk may be slightly higher if drugs are used to stimulate labour
  - Rare risks (those that have a 1 in 1,000 to 1 in 10,000 chance of happening)
    - Severe injury/damage to the uterus that requires a hysterectomy
    - Permanent harm to the baby or death of the baby

- I understand that not all risks of either a VBAC or a repeat Cesarean birth are known at this time. Therefore, it is not certain what the overall effect is likely to be on my or my baby's health.

  - The risk of maternal death, while very rare, is higher for a Cesarean birth (1 in 10,000 or 0.01%) than for planned VBAC (0.4 in 10,000 or 0.004%)
  - The risk of death or permanent harm for my baby, while rare, is higher for a planned VBAC (1.3 in 1,000 or 0.13%) than for an elective repeat Cesarean birth (0.6 in 1,000 or 0.06%). This risk may be higher if the uterus ruptures.
  - I understand that overall, the major risks for both VBAC and elective repeat Cesarean are very low.

- If I choose to try for a VBAC once labour has started, the following safety measures will be put in place to reduce some of the risks and to assist a quick transition to a Cesarean birth if needed:
  - Continuous monitoring of my baby's heart rate during active labour
  - Regular assessments of my labour progress.

- I acknowledge that the final decision is mine to make. After discussing with my physician/ midwife, and after considering the possibility of both known and unknown risks, complications, side effects, and alternatives, I choose to plan for:

  - ☐ **A trial of labour and VBAC if spontaneous labour occurs by ____ weeks gestation.**
    - ☐ If labour has not occurred by ____ weeks gestation, I have a planned elective repeat Cesarean birth, scheduled on _________________________.

      OR
    - ☐ If labour has not occurred by ____ weeks gestation, I would like to consider an induction of labour, if appropriate.
  - ☐ **An elective repeat Cesarean birth; scheduled on ________________.**
    - ☐ If spontaneous labour occurs before this scheduled time, I would like to continue with a repeat Cesarean birth

      OR
    - ☐ If spontaneous labour occurs before this scheduled time, I would like to review my plan and consider a trial of labour at this time

- I understand that certain conditions in my pregnancy may arise that may require me, in consultation with my care provider, to reassess and possibly change the above plan.

Patient (print): ____

Primary Caregiver (OB/FP/RM): ______________________ date ________

Consenting Obstetrician: ___________________________ date: _________

Please note: OB: Obstetrician, FP: Family Physician, RM: Registered Midwife

Please send a copy of page 3 of this Birth Plan to the Birthing Unit after discussion with patient.

This does not replace the Consent to Treatment for Cesarean section form.